

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

081952475

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|--|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 1 | | 1 | | | | | | | | | |
| 4 | | 1 | | 1 | | | | | | | | | |
| 5 | | 1 | | 1 | | | | | | | | | |
| 6 | | 1 | | 1 | | | | | | | | | |
| 7 | | 6 | | ⑥ | | | | | | | | | |
| 8 | | 1 | | | | | | | | | | | |
| 9 | | 1 | | | | | | | | | | | |
| 10 | | 2 | | 2 | | | | | | | | | |
| 11 | | | 1 | | | | | | | | | | |
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| TOTAL DEP. | 15 | | 10 | | | | | | | | | | |
| TOTAL CLAIMS | 16 | | 10 | | | | | | | | | | |
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| TOTAL CLAIMS | | | | | | | | | | | | | |